HEALTH SYSTEM STRENGTHENING IN THE CONTEXT OF CMAM

May 2014

International Symposium on Understanding Moderate malnutrition in Children for Effective Interventions
A D Israel
The approach to the management of AM has changed substantially in recent years.

Despite huge advances SAM management coverage remains shockingly low

AM management falls under MoH responsibility & leadership

Challenge to integrate truly AM management as part of a basic package of health services
A better understanding of the barriers to access to SAM management

Five of the most frequently reported barriers to access across interventions were (Access for All Volume 2):

1. Lack of Knowledge on the disease
2. Lack of knowledge of the programme
3. High opportunity costs
4. Distance to site
5. Previous rejection
Experiences in tackling diseases on a large scale (1/2)

- In considering AM as a disease, we can learn from existing large global health program experiences, developed in the early 2000s, targeting specific diseases.

- They all applied, at their early stages a “disease based/vertical approach”.

- This approach revealed its limitations as the countries where these global health initiatives were implemented had fragile health systems, continuously struggling to operate effectively and to deliver accessible standard quality care.
Experiences in tackling diseases on a large scale (2/2)

- In the mid-2000s there was recognition that a health systems’ status was intrinsically related to the success and outcomes of the global health initiatives (GHI).

- Weak health systems presented bottlenecks towards the same initiatives meeting their objectives and conversely GHI using a vertical approach potentially overburdened the system, thus having an adverse effect on it.

- In the last years, while promoting the integration of AM management into the basic package of health services, the nutrition community faced similar challenges and questions as the GHIs.
A global shift towards horizontal approach and Health system strengthening

- Most of the barriers identified in delivering SAM or MAM are common to those faced by the health system overall.

- A more global/ general and coordinated effort is required to pertinently tackle those constrains/barriers.

- AM specialists need to join efforts with health specialists to achieve the reduction of the barriers identified as “common”.
Two fold approach

- There is a need to increase simultaneously availability and access and develop new delivery models (SAM/MAM continuum? ICCM...)
- Availability: how to reinforce the health system?
- Access: what barriers are specific to AM? How to mobilize community?
Challenge for AM community

- Understanding how the Health system functions (enabling environment for AM inclusion)
- Understanding how the basic health package is delivered and how to integrate nutrition essential interventions efficiently.
- Identifying potential impact of Nutrition sector’s interventions on the health system globally.
**TOOLS AND METHOD**

- A step by step approach to identify the strengths & weaknesses of the HS & the community’s structure

- To mobilize key stakeholders on the importance of tackling AM as a disease & to advocate for the true implementation of a *health & nutrition comprehensive package of interventions*.

- Tested already in Burkina Faso, sierra Leone and Afghanistan. Soon in: Burkina again (2)Tchad, Bangladesh, Nepal, Ethiopia, Madagascar, Yemen...
**TOOLS AND METHOD**

**Step 1**
- Preparation phase

**Step 2**
- Secondary data collection
- Review of policies/ strategies...

**Step 3**
- Primary data collection
- Interviews/ Observations/ Focus Group discussion

**Step 4**
- Stakeholder workshop
- Scoring of the benchmark by building blocks in the matrix

**Step 5**
- Analysis and Prioritisation

**Step 6**
- Programming phase
Steering committee composition: It was led by the District Medical Officer of Moyamba and composed by DHMT Moyamba staff, ACF staff, representatives from other NGOs, representative of the Moyamba District Council and representative from the MoHS at National level (Directorate of Planning and Information - DPI). A research assistant was also recruited by ACF to support the all process.

The role of the steering committee is to revise all the data collected and do a first analyze. The committee also revises the questionnaire for field data collection and the matrix to be filled by stakeholder. The committee validates the results and report and organises the programming phase.
The example of Sierra Leone

- Primary data collection

<table>
<thead>
<tr>
<th>Type of data collection</th>
<th>Total done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health centre Observation Grid</td>
<td>10</td>
</tr>
<tr>
<td>Individual Questionnaire PHU staff</td>
<td>6</td>
</tr>
<tr>
<td>Individual questionnaire In charge PHU</td>
<td>4</td>
</tr>
<tr>
<td>Individual Questionnaire Chairlady</td>
<td>3</td>
</tr>
<tr>
<td>FGD fathers</td>
<td>2</td>
</tr>
<tr>
<td>FGD mothers (and Mother leader)</td>
<td>3</td>
</tr>
<tr>
<td>FGD Key leaders</td>
<td>2</td>
</tr>
</tbody>
</table>
Supply Building Block

Frequency of supply shortage

- Monthly for some drugs or commodities 18%
- SFP food since more than 3 months 9%
- Cost recovery drugs not available since November 2013 18%
- Every 3 or 4 months 64%
THE EXAMPLE OF SIERRA LEONE-
Stakeholder Workshop

- One group per building blocks (BB).

- Each group consisted of at least four members with some working experience on the assigned BB; this enabled the stakeholders/members to score the different benchmarks in an objective manner.

- Each BB had a set of benchmarks that were reviewed per group and scored.

- A “self-assessment” tool (in the form of a score card) was used to score the different benchmarks. For each benchmark included in the tool, a range of possible scenarios were provided allowing for an objective and quantitative rating from the highest score to the lowest score.
The weakest building blocks are HR (Or Health Workforce) and Supply, then com Financing and Service delivery.

<table>
<thead>
<tr>
<th>Building Blocks</th>
<th>Average Scoring</th>
</tr>
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<tbody>
<tr>
<td>Governance</td>
<td>2.6</td>
</tr>
<tr>
<td>Financing</td>
<td>2.0</td>
</tr>
<tr>
<td>HR</td>
<td>1.5</td>
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<tr>
<td>Supply</td>
<td>1.4</td>
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<tr>
<td>Services delivery</td>
<td>2.0</td>
</tr>
<tr>
<td>HIS</td>
<td>2.3</td>
</tr>
</tbody>
</table>
THE EXAMPLE OF SIERRA LEONE

Next steps:

- The Directorate of Planning and Information (DPI) to organise a Partners/donors workshop at National level to share the findings and discuss the way forward and recommendations concerning the diagnosis tool in May.
- The programming workshop will be organised in Moyamba district in June.

So, more to come soon!
IN SHORT...

- We need to better understand Health systems and focus our energy in making sure all levels of the health pyramid are not forgotten - community level included.

- We need to join efforts with health specialists in providing realistic options.

- We need to focus our energy in ensuring access to a PACKAGE of services including adolescent and women health and nutrition.
Thanks!